Recipient Report: Grant or Loan Version: 1.5

Prime Recipient

Reporting Information		
Award Type*	Award Number*	Final Report*
Grant	H398A090011	N

Award Recipient Information			
Recipient DUNS Number*	JNS Number* Recipient Account Number Recipient Congressional District*		
070596341	S9-07-14-03	01	

Award Information				
Funding Agency Code*	Awarding Agency Code*	Award Date*		
9124	9124	03/31/2009		
Amount of Award*	CFDA Number*			
\$36,437.00	84.398			
Program Source (TAS)*	Sub Account Number for Program Source (TAS)			
91-0302				
Total Number of Sub Awards to Individuals*	Total Amount of Sub Awards to Individuals*			
0.00	\$0.00			
Total Number of Payments to Vendors less than \$25,000/award*	Total Amount of Payments to Vendors less than \$25,000/award*			
0.00	\$0.00			
Total Number of Sub Awards less than \$25,000/award*	Total Amount of Sub Awards less than \$25,000/award*			
0.00	\$0.00			

Award Description*

A state program to provide independent living services to individuals with significant disabilities, support the operation of centers for independent living and the Statewide Independent Living Council, provide training on the independent living philosophy and outreach to unserved and underserved populations, conduct studies and analysis and present information to policymakers to enhance independent living services, and support activities that increase the capacity of independent living service providers.

Number of characters entered: 510

Project Information		
Project Name or Project/Program Title*		Total Federal Amount ARRA Funds Received/Invoiced*

State Independent Living Services, Recovery Act	Not Started	\$0.00	
Number of Jobs*	Description of Jobs Created*		
	L		
	N/A		
0.00	Number of characters entered: 3		
Quarterly Activities/Project Description*			
Statewide Independent Living Council, provide training	to individuals with significant disabilities, support the ope on the independent living philosophy and outreach to un	nserved and underserved populations, conduct	
	nakers to enhance independent living services, and supp		
Number of characters entered: 510			
Activity Code (NAICS or NTEE NEC)*			
Activity Code (NAICS or NTEE-NPC)*	2		
E12.07	4		
]	
5	6		
7	8	1	
9	10		
Total Federal Amount of ARRA Expenditure*	Total Federal ARRA Infrastructure Expenditure	Infrastructure Contact Name	
\$0.00	\$0.00	Infractructure Control Disc. 5	
Infrastructure Contact Email	Infrastructure Contact Phone	Infrastructure Contact Phone Ext	
Infrastructure Contact Street Address 1	Infrastructure Contact Street Address 2	Infrastructure Contact Street Address 3	
Infractive City	Infrashurahur Chah	Infractivistics 7ID C. I. A.	
Infrastructure City	Infrastructure State Infrastructure ZIP Code+4		
Infrastructure Purpose and Rationale			

N/A		
Number of characters entered: 3		

Primary Place of Performance		
Street Address 1	Street Address 2	City*
1901 N Dupont Highway	DHSS Campus, Biggs Bldg	New Castle
State*	ZIP Code+4*	Congressional District*
DE	197201199	01
Country*		
us		

Recipient Highly Compensated Officers				
Prime Recipient Indication of Reporting Applicability*	#	Officer Name	Officer Compensation	
	1			
No				
	2			
	3			
	4			
	5			